

State of New Jersey
Department of Human Services
Division of the Deaf and Hard of Hearing

Application for the 25th Annual Equipment Distribution Program (FY '17)
Telephone Device

Check Only One Box

*If unsure which to choose, call
one of our field representatives
at 609-7: :/486:*

Amplified Telephone

Off by Clarity



Description: The **Amplified Telephone** allows you to increase volume and control tone to improve hearing the person at the other end of the call.

☐

Recommended for people who are hard of hearing and benefit from increased volume.

CapTel

by Ultratec



Description: Allows people to receive word-for-word captions of their telephone conversations. There are two models, 840i and 840.

What phone service do I need to use CapTel 840i?

Any type of phone service AND internet access.

☐

What phone service do I need to use CapTel 840?

Traditional analog telephone line.

☐

Recommended for people who speak and read the conversation.

TTY Minicom IV

by Ultratec



Description: The **TTY** allows you to communicate on the phone by typing your message. Both parties must have the device or relay service is required.

☐

Recommended for people who are Deaf.

Last Name **[PLEASE PRINT CLEARLY]**

First Name **[PLEASE PRINT CLEARLY]**

Street Address **[PLEASE PRINT CLEARLY]** (Will not be delivered to PO Box)

City **[PLEASE PRINT CLEARLY]**

State

Zip Code

Home Phone Number Required

E-mail or Fax

Date of Birth

Applicant must either:

- a) Attach an audiogram or written report indicating hearing loss, signed by a licensed audiologist; **OR**
- b) Obtain signature below from a licensed audiologist or physician verifying applicant's hearing loss and need for a telephone device; **OR**
- c) Obtain signature below from a licensed speech pathologist or physician verifying applicant's speech impairment and need for a telephone device.

Audiologist or Physician or Speech Pathologist

I attest that the information contained in this application is accurate and that I meet the eligibility requirements. I further attest that my annual household income is less than \$45,000. I understand that if I have intentionally falsified information on this application, I am responsible for reimbursement of the cost of the device to DDHH.

Applicant's Signature

Before submitting this form, please read Page 3 for eligibility requirements to make sure that you qualify to receive a telephone device.

Return pages 1 and 2 of this form to: Return this form to:
DDHH Equipment Distribution Program, PO Box 074, Trenton, NJ 08625-0074.
General Phone: 609-588-2648 or 800-792-8339; Fax: 609-588-2528

DDHH EQUIPMENT DISTRIBUTION PROGRAM

Telephone Device

Eligibility Requirements

1. Applicant must be a New Jersey resident.
2. Applicant with hearing loss must either:
 - a) attach an audiogram signed by a licensed audiologist; **OR**
 - b) obtain a signature on this application of a licensed audiologist or physician verifying applicant's hearing loss.
3. Applicant with speech impairment must obtain a signature on this application of a licensed speech pathologist.
4. Household income must be less than \$45,000 annually.
5. Information supplied on this form must be clearly printed. Form must be signed by the applicant.

Additional Information

- Only one (1) telephone device per household is provided through this program every five years (i.e. if this application is approved, a second request for such device may be made after July 1, 2019.)
- Telephone device is free of charge to eligible applicants.
- Supply of telephone devices is limited and subject to availability and funding within a given fiscal year.